

QUALITY AWARD

\$100

of Health			
Presented to:			Recipient EIN:
Division/Office:			Recipient Org:
Thank you for:			
From:			Date:
Division/Office:			Issuer Org:
Signature:	Bureau Director of Billing Low Org		Billing Low Org: Submit Award to Finance for Processing
\$100		Control Number	Entered into Payroll By: Date:

Utah Department of Health	QU	ALITY AWA	ARD \$100
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0.0		Control Number	Rv.

Date: